Substance Abuse and Mental Health Services Administration
37th Meeting of the SAMHSA National Advisory Council
Minutes
June 27, 2005
San Diego, California

The Substance Abuse and Mental Health Services Administration (SAMHSA) National Advisory Council convened for its 37th meeting on June 27, 2005, at the Hyatt Regency Islandia Hotel, San Diego, California. The meeting was co-chaired by Charles G. Curie, M.A., A.C.S.W., Administrator, SAMHSA; James R. Aiona, Jr., Lieutenant Governor of Hawaii; and Daryl W. Kade, M.A., Executive Director, National Advisory Council, and Associate Administrator for Policy, Planning, and Budget, SAMHSA.

Council members present: James R. Aiona, Jr.; Columba Bush; Gwynneth A. E. Dieter; Diane Holder (by telephone); Barbara Huff; Theresa Racicot (by telephone); Kenneth D. Stark; Kathleen Sullivan; and Thomas A. Kirk, Jr., Ph.D.

Council member absent: Thomas Lewis

Council Executive Secretary: Toian Vaughn, M.S.W.

Non-SAMHSA Federal staff present: 2 individuals (see Tab B for Federal Attendees List)

Representatives of the public present: 6 individuals (see Tab B for Public Attendees List)

Welcome and Opening Remarks

SAMHSA Administrator Charles Curie, M.A., A.C.S.W., called the meeting to order at 9:15 a.m. and welcomed participants. He noted that, in response to Council's request to incorporate presentations from SAMHSA grantees into Council meetings, Council members would visit the California Screening, Brief Intervention, Referral and Treatment (SBIRT) Program in San Diego.

Mr. Curie recognized Lt. Gov. James R. "Duke" Aiona, Jr., who serves as the Council's new co-chair, and introduced other Council members, including new member Dr. Thomas Kirk, Connecticut's Director of Mental Health and Addiction Services. Ms. Gwynneth Dieter reported that her husband has been confirmed as U.S. Ambassador to Belize and that she will continue to serve on the Council. Ms. Vaughn reported that Council member Mr. Thomas Lewis remains ill. Mr. Curie stated that Dr. Jane Maxwell's term has expired. SAMHSA is preparing a nomination package to fill the vacancy.

Mr. Curie recognized several individuals present at the meeting. Ms. Kathryn Jett, California's Alcohol and Drug Director, offered a California welcome to Council members. She noted that her State is focusing on co-occurring disorders and on stemming the epidemic of methamphetamine use. She is focusing on passage of Proposition 36, which under certain circumstances permits drug treatment instead of incarceration. Mr. Curie also recognized guests W. Craig Vanderwagen, M.D., Medical Director of the Indian Health Service (IHS), and

Ms. Beth Bowers, National Institutes of Mental Health, and SAMHSA's three Center Directors, Westley Clark, M.D. (Center for Substance Abuse Treatment [CSAT]), Ms. Beverly Watts Davis (Center for Substance Abuse Prevention [CSAP]), and Ms. A. Kathryn Power (Center for Mental Health Services[CMHS]).

Council Ambassador Activities

Lt. Gov. Aiona invited Council members and selected others to describe their activities as SAMHSA ambassadors:

- Lt. Gov. Aiona explained that he led expansion of Hawaii's Reach Out Now school teach-in program by engaging celebrities to participate. Several national celebrities have made anti-drug/anti-alcohol ads. In 2006, almost all Hawaii's schools are expected to participate in the program. Underage drinking is currently the State's main target issue.
- Mrs. Columba Bush noted that Florida's successful Office for Drug Control sponsors two annual summits whose participation continues to grow. She travels extensively, visiting schools and attending conferences, to promote substance abuse prevention.
- Mr. Kenneth Stark stated that Washington State has conducted research and worked to reduce stigma and to increase prevention and treatment services. Washington's legislature has increased funding by 50 percent. He thanked SAMHSA for its SBIRT, Access to Recovery (ATR) grant, and Strategic Prevention Framework (SPF) Special Incentive Grant (SIG), which will help the State provide a full continuum of services.
- Ms. Dieter continues her involvement in the Boulder, Colorado, Parent Engagement Network and in Compass House, which provides low-cost services to youth.
- Ms. Kathleen Sullivan stated that she has served on the planning committee for the IHS/SAMHSA behavioral conference and consulted on planning for the upcoming Voice Awards to honor members of the Hollywood community who have presented in a favorable light the stories of people who have overcome mental illness and the effects of stigma.
- Dr. Kirk described his agency's underlying philosophies of recovery and choice of health care providers. He stated that his hope is one day there might be events, similar to those for breast cancer, where survivors will walk proudly and stigma will be overcome.
- Ms. Barbara Huff stated that she continues to represent families on the Council, is working to create a message in the community on systems of care and children's mental health, and has been running focus groups in Kansas on a definition of family and consumer-driven services. Although community groups in Kansas are on board with the proposed definition, professionals in service provider communities have not yet concurred.
- Ms. Diane Holder's organization, UPMC Health Plan, is a group of companies that manage benefits for people covered by commercial insurance, Medicare, and Medicaid. She noted her interests in helping develop clinical service programs for people with psychiatric or substance abuse problems and in helping to finance services and programs to help people recover and access affordable services.
- Ms. Theresa Racicot serves as president of a new foundation of the Leadership to Keep Children Alcohol Free Coalition.

Consideration of Minutes of the December 7-8, 2004, Meeting

Mr. Stark offered two changes to the prepared minutes for the Council meeting held on December 7-8, 2004. Council members unanimously approved, as amended, the minutes of the meeting.

Administrator's Report

Mr. Curie noted that the Council convened its June meeting in San Diego to coincide with the IHS/SAMHSA Behavioral Health Conference to be attended by more than 500 Federal, State, and tribal government leaders, medical and mental health providers, substance abuse prevention and treatment providers, and international participants. He reported that SAMHSA has worked with the Iraqi Ministry of Health in the development of their mental health and substance abuse plans. SAMHSA organized and sponsored an action planning conference in Jordon for Iraq on mental health attended by United States and British experts. Mr. Curie acknowledged Ms. Power's participation in the International Initiative for Mental Health Leadership, stating that outcomes related to recovery are on the international radar screen and that continuing to nurture international relationships is important.

With regard to the members' role as ambassadors of SAMHSA, Mr. Curie thanked Council members and State and Federal partners for their work. He observed that people are increasingly articulating the common themes of recovery and resilience, indicating that consensus is emerging on these outcomes. He reported that new Secretary of Health and Human Services Mike Leavitt has issued his 500-Day Plan, with which SAMHSA is well aligned. The Secretary's core goals include transforming the health care system; modernizing Medicare and Medicaid; advancing medical research; securing the homeland; protecting life, family, and human dignity; and improving the human condition around the world.

In preparation for implementation of the Medicaid Modernization Act, SAMHSA is working with the Centers for Medicare and Medicaid Services (CMS) and with States to help people with serious mental illness and addictive disorders understand how and when to choose a prescription drug plan to suit their needs. After January 1, 2006, the 7 million persons in the U.S. with dual eligibility for Medicaid and Medicare will pay for medications through the new Medicare prescription drug benefit under the Act. SAMHSA will work with State drug and alcohol and mental health authorities to ease the transition.

Mr. Curie expressed the need to develop confidence that recovery as a public policy is secured, that resilience is understood, that outcomes will be clear and measurable, and that SAMHSA's matrix, mission, and vision will continue to guide progress in alignment with the Secretary's priorities. SAMHSA is planting "redwoods" to serve as lasting improvements. For example, SAMHSA's substance abuse prevention and treatment activities are central aspects of efforts to stop the spread of HIV/AIDS.

SAMHSA's matrix-driven data strategy focuses on whether people have access to what they need to attain recovery, whether they adhere to their recovery plan, whether it works for them, and whether their involvement in the criminal justice system has changed. Mr. Curie

acknowledged the work of the National Association of State Mental Health Program Directors (NASMHPD) and National Association of State Alcohol and Drug Abuse Directors (NASADAD) in developing the data strategy, which will enable reporting on how tax dollars help people achieve meaningful outcomes. National Outcome Measures will measure domains in all SAMHSA activities, including block grants and discretionary grants in all three Centers.

SAMHSA remains responsive to emerging trends and catastrophic events. The agency continues its efforts to inform older adults about the dangers involved in inappropriate use of prescription medications, its focus on preventing youth suicide, and its targeted capacity expansion (TCE) grant programs to address emerging drug-use needs in States and communities. SAMHSA continues to provide assistance when tragedy strikes, as it did following last season's Florida hurricanes and the recent epidemic of teenage suicide attempts and deaths among the Red Lake Band of Chippewa Indians in Minnesota.

Additional matrix highlights include the Access to Recovery (ATR) grant program, designed to expand the types of providers, including faith-based providers, who deliver clinical and recovery support services, based on a voucher system and consumer choice. SAMHSA has funded 15 ATR grantees, which include 14 States and one Tribal Organization.

Mr. Curie said that stigma remains a barrier to recovery from both substance abuse and mental illness. He identified the need to develop effective anti-stigma messages and stated that SAMHSA is looking for new and different audiences to work with, such as the U.S. Conference of Mayors. He noted that Ms. Power is working with the National Governors Conference on issues around mental health transformation and highlighted the need to articulate recovery so people can understand it.

Mr. Curie reported that SAMHSA will brief the Secretary on the multi-agency Federal mental health transformation action agenda, which will outline a series of initial steps to be taken by Federal agencies to transform the mental health system. Steps already underway include approval and implementation of State Incentive Grants and suicide prevention activities.

SAMHSA's Strategic Prevention Framework (SPF) aims to help each community develop a plan that identifies local risk and protective factors and strategies to use available funds to address those factors. Mr. Curie emphasized the need to address underage drinking in the SPF process.

SAMHSA and the Interagency Coordinating Committee on the Prevention of Underage Drinking will submit a final report to Congress by the end of the summer. SAMHSA and the National Highway Transportation Administration have combined funds to develop a second public service announcement on underage drinking, and the Reach Out Now program expands every year to encourage conversations between children and parents about alcohol use. Mr. Curie stated that SAMHSA will continue to build on its matrix priorities, to be guided by its strategic plan, and to place consumers and families at the center of care to enable them to drive care.

Council Discussion

In discussing stigma, Mr. Stark noted that the term *behavioral health* creates distance from overall health and urged discontinuing use of the term. He asserted that stigma issues will persist as long as people think mental illness and addictions are nothing but behavioral problems. Mr. Mark Weber, Director, SAMHSA's Office of Communications, responded to a question from Lt. Gov. Aiona that the terminology project on treatment, which has expanded to a series of brochures that also includes prevention and mental illness, is nearing completion. Mr. Stark requested that SAMHSA staff make available the draft documents for Council's review before they are finalized. Mr. Curie concurred that the term *behavioral health* is problematic because the term has not been well defined. He added that the name Substance Abuse and Mental Health Services Administration gives clarity to the agency's purview.

Mr. Curie stated that the report to Congress on underage drinking will be accompanied by a multifaceted, comprehensive approach that will incorporate participation by the Secretary and Surgeon General, and possibly a call to action, addressing underage drinking, by the Surgeon General.

Ms. Huff asked whether other countries have problems with underage drinking, and Mr. Curie responded that the problem varies from nation to nation according to the society and its tolerance for alcohol and its use. Lt. Gov. Aiona stated his understanding that European countries with legal drinking ages lower than 18 have had devastating results.

SAMHSA's Budget Priorities and Strategic Plan

Daryl W. Kade, M.A., Executive Director, SAMHSA National Advisory Council, and Associate Administrator for Policy, Planning, and Budget, SAMHSA, explained several principles that guide the budget process and noted that the budget justification is presented to Congress both by budget line and by SAMHSA's matrix areas, which guide budget decisions.

The Senate is expected to work on the FY2006 budget upon its return from recess. Ms. Kade summarized House action: SAMHSA funding at $3.231 billion, which represents an overall cut of $37 million from FY2005 enacted level and an increase of $16 million over the President's budget request of $3.214 billion. The House mark for CMHS is $43 million above the President's budget; CSAP, $10 million above; and CSAT, $37 million below. Significant activity in the CMHS budget is evident for Programs of Regional and National Significance (PRNS): SIG grants and the National Child Traumatic Stress Initiative have been funded as requested, and school violence funds have been restored. All other CMHS programs are straight lined. CSAT's mark is $12.9 million below FY2005 levels and $37 million below what was requested. ATR is funded at the FY2005 level, but SAMHSA is still hopeful that the Senate will fully fund the President's request. In CSAT's PRNS portfolio, the flexibility to grow the ATR budget will depend on Senate funding and direction. CSAP has less funds than the FY2005 level but $10 million more than the President's request. It must be determined how to use the funds in a way consistent with the Administration, Congress, and SAMHSA's priorities. Ms. Kade pointed out that the framework used to describe the House action is the same framework that will be used to approach the FY2007 budget.

In closing, Ms. Kade explained that SAMHSA receives Public Health Service (PHS) evaluation funds as an offset to fund the set-aside portion of SAMHSA's block grants. In addition, funds are directed to the program management line, for example, in the past to help finance a new CMHS data activity, also in the past and continuing, a certain amount to offset a portion of the National Survey on Drug Use and Health.

Mr. Curie explained SAMHSA's approach to the FY2007 budget—to set priorities responsibly in the event of a budget reduction, level budget, or a small increase—and welcomed input from Council members regarding direction for the agency. He observed the need to help successful grantees with sustainability and that partnerships with Medicaid, States, the criminal justice field, and other entities can be critical in this effort.

Council Discussion

Ms. Huff asked how the decision was made not to initiate new grants or contracts for school violence prevention. Mr. Curie responded that the budget was cut for the Safe Schools/Healthy Students program, not for traditional systems of care. Data is not yet available to describe the effectiveness of programs in violence prevention, making advocacy difficult; the first round of effectiveness data will be available in the autumn, and future budget planning will reflect those data. He asserted the need to maintain school violence prevention as a priority and stated that the matrix will serve to promote awareness of priorities even in lean budget years. Ms. Power stated that SAMHSA is working to build bridges with educational departments and school systems on substance abuse prevention activities. Even if Safe Schools/Healthy Students grants do not continue, their work will tie in with SPF and Mental Health System Transformation. Dr. Clark noted, for example, that when he polled a group in Arizona, most people were unaware that the State had an SPF SIG, mental health grants, and several community coalitions. He suggested that CSAP and CSAT need to host "grand rounds" to discuss all activities in each State. States will benefit from awareness of opportunities to leverage resources. Mr. Curie expressed excitement about these examples of operationalized matrix management and leveraged resources. He noted that some activities have effects on multiple matrix lines, even though they may be reflected on only one line in the budget.

Ms. Huff observed that CMHS's anti-bullying materials are relevant to youth violence prevention. Ms. Power stated that CMHS is seeking ways to replicate and disseminate CMHS-developed materials on bullying. Ms. Sullivan stated her view that bullying is a Department of Education issue and questioned its link to mental health and substance abuse. Ms. Power explained that CMHS has a partnership with the Department of Education, which replicates and disseminates the materials to local schools and school districts. She explained that the mental health status of children and their readiness to learn are affected by their emotional state, which is affected dramatically by bullying, and noted that CMHS receives requests about how to address the issue.

Ms. Watts Davis stated that State and local governments participate in the SPF, and that Florida is among the best examples of effectiveness. Florida looks at risk and protective factors in order

to address multiple common issues. The State considers all its funding and, instead of defining funds by grant source, looks at risk factors and directs leveraged funds at identified problems.

Dr. Kirk asked about issues that resonate with Congress and how the Council can contribute to members' education. Mr. Curie responded that each member of the appropriations subcommittee has favorite issues and matrix areas that reflect his or her passions. A common theme is interest in program outcomes and how those outcomes affect people in the congressional districts. It is helpful for members of Congress to understand how SAMHSA dollars are used locally in their areas. Mr. Curie cautioned that Council members cannot lobby Congress, but that heightening awareness about activities in their districts and working with constituent groups are helpful.

Ms. Power responded to a question from Ms. Sullivan that the Garrett Lee Smith Memorial Act for Suicide Prevention Efforts provides one set of grants to States and another to colleges and universities; the provisions are set forth in report language.

Dr. Clark responded to a question from Ms. Sullivan that $4.8 million was allocated for the HIV Rapid Testing Initiative in its first year and that an additional allocation of $1 million is budgeted for FY2006. Mr. Curie stated that funds were transferred to SAMHSA for the initial effort and that eventually the initiative may become an initiative of the Centers for Disease Control (CDC) or the Health Resources and Services Administration (HRSA). Dr. Clark noted that CSAT is urging States to use some of their set-aside funds to purchase test kits. Ms. Sullivan expressed concern about CSAT's involvement in this issue. Mr. Curie explained that SAMHSA has provided leadership in the area, particularly because its high-risk population fit with former Secretary Thompson's initiative. He stated that SAMHSA will report to Council on the operating portfolio for the test kit project.

Ms. Sullivan asked whether Congress did not increase ATR funding because they could not see immediate outcomes. Mr. Curie responded that SAMHSA had made it clear that no data would be forthcoming for ATR's first year. To Ms. Dieter's question about their motivation for level funding for ATR, Mr. Curie acknowledged that lack of money and other budget priorities influenced the decision. Ms. Sullivan asked when ATR outcomes will be available; Mr. Curie responded that data will emerge by mid-summer, in time for the FY2007 budget process.

SAMHSA's Response to the Red Lake Shootings and Suicide

A. Kathryn Power, Director, Center for Mental Health Services (CMHS), SAMHSA, expressed appreciation to the SAMHSA Council for its support for Mental Health System Transformation issues and noted CMHS's involvement in planning the upcoming Voice Awards to highlight writers and producers who portray persons with mental health problems in a positive light.

Ms. Power stated that SAMHSA is aware of the great need to improve mental health and substance abuse care for American Indians. She recalled the events of March 2005, when a teenager killed nine people before taking his own life—a tragedy for the Red Lake Chippewa community. Suicide is the second leading cause of death among American Indian youth.

SAMHSA responded as part of a multigovernmental effort by providing staffing and resources within a week that extended for a month, and provided technical assistance to enable the Red Lake tribe to secure a SAMHSA emergency response grant. The tribe has applied for another grant for services for up to a year. SAMHSA also is working with the Standing Rock community, which has experienced an epidemic of teenage suicide attempts and deaths.

Ms. Power stated that high unemployment and multigenerational poverty contribute to depression, violence, and substance abuse. For American Indians and Alaska Natives, depression and substance abuse are the common risk factors for completed suicides. Major challenges to improving mental health services include inadequate knowledge about tribal cultures, the need to design prevention and treatment programs that affirm the unique strengths of individual tribes, geographical isolation, transportation barriers, and few service providers.

SAMHSA staff is learning about American Indian cultures. SAMHSA has contracted with One Sky Center to develop a database of culturally appropriate prevention programs and is working with other Federal agencies to develop a national suicide prevention initiative for American Indians. A contract will be awarded to an American Indian-owned company to provide prevention technical assistance, planning, training, and services in at-risk American Indian communities. In addition, SAMHSA has actively promoted tribal applications for funds available under the new Garrett Lee Smith Act. SAMHSA policy is to level the playing field by ensuring that tribal entities are eligible for all competitive grants for which States are eligible.

Additional grant programs support tribal mental health efforts. The Safe Schools/Healthy Students Initiative funded two tribal sites in its initial cohort; the Comprehensive Community Mental Health Services for Children and Their Families Program provides funds for seven tribal organizations; and Circles of Care supports implementation of mental health service models designed by American Indian and Alaska Native tribal and urban Indian communities. SAMHSA is developing a national strategic workforce development plan and is initiating a program to examine behavioral health care education and integrate mental health and primary care for racial and ethnic minorities, particularly American Indian communities.

In conclusion, Ms. Power asserted that the activities she described fit within SAMHSA's ongoing efforts to ensure universal access to services and transformation of the mental health system to a consumer-driven, recovery-oriented system. SAMHSA also is working to improve cultural competency of providers and programs to eliminate disparities.

Council Discussion

Mr. Stark asked whether data exists on why the suicide rate among American Indians in the Midwest is so much higher than in other areas. Ms. Power stated that the literature cites poverty and isolation as contributory factors. Mr. Stark questioned further whether suicide in the general population in the Midwest is higher than in other regions. Ms. Power responded that she will investigate the issue and report back to Council. Dr. Vanderwagen explained that isolation, poverty, racism, and sovereignty play a more important role in the Intermountain West than on either coast. Termination of tribes in West Coast states in one sense served as a protective factor, and recapturing identity has been useful to build internal dynamics that have been supportive and

protective. The most successful communities are those where young people know growing up who they are as Indian people and have the skills to compete with the dominant society. Dr. Vanderwagen suggested that this phenomenon in the Upper Midwest needs to be studied by the Indian people themselves. He pointed out that 20 tribes generate 80 percent of gaming proceeds; if tribes can put people to work, they have made major improvements in the community. He suggested that if tribes are to be treated as responsible governments, they must act like responsible governments. George Real Bird, Crow Tribe in Montana, highlighted the role of isolation as a risk factor.

Ms. Sullivan questioned why American Indian tribes competed with states for ATR funding, tacitly suggesting the need for SAMHSA funding opportunities targeted specifically to American Indians. Mr. Curie explained that enabling tribes to compete with states offered *added* opportunity, but that other options may exist to enable tribes to compete among themselves for funds, especially where needs are high. Ms. Power noted increasing concern about the issue in Congress, an indicator of movement in that direction.

Mr. Curie noted the importance of SAMHSA's partnership with IHS. In the context that IHS does not serve American Indians who are unaffiliated with tribes, Mr. Stark recommended that SAMHSA work with CMS to determine ways in which unaffiliated American Indians can access Medicaid and other Federal funding sources.

Ed BrownShield, Spirit Lake Tribe of North Dakota, asserted the need to confront sensitive issues directly, respectfully, and continually—and described his own success in doing so. He noted that with SAMHSA funds, he was able to establish a self-sustaining 15-bed facility. He stated the needs for American Indian leaders to implement quality programs and for trust to develop. He asserted also the importance of education and community organization.

Ms. Dieter urged SAMHSA to address the challenge of finding professionals committed for the long term to work with people in grassroots operations. Mr. Curie responded that workforce development is one of SAMHSA's major focuses. Ms. Power stated that SAMHSA is consulting with IHS and HRSA about their workforce experiences with American Indians in order to inform the mental health and substance abuse fields.

Mr. Stark appreciated the difficulty in confronting communities about problems among American Indians, but noted that until those issues are resolved, it will be difficult to achieve change. He stated the need to identify leaders in each tribe and to support them. Dr. Vanderwagen noted that 75 percent of IHS employees now are Indian people, reflecting major improvements in developing capacity at the community level. He concurred with Mr. Stark that positive leadership is critically important and that SAMHSA's relationships with tribal leaders represent common purpose. Dr. Vanderwagen suggested that leaders of tribes with gaming capability might be good partners. He noted further that cross-cultural lessons learned in Indian Country have broad applicability in the international arena.

Public Comment

John de Miranda, National Association on Alcohol, Drugs, and Disability, noted that the 51 million Americans who have disabilities have less access to services and more alcohol and drug problems than the general population. He urged SAMHSA to establish designated and categorical programs for people with disabilities, particularly TCE with a spin on disabilities of all kinds. He noted that 15 years after passage of the Americans with Disabilities Act (ADA), many alcohol and drug programs still are not accessible. He also noted that the ADA is important to people in recovery in providing protections against discrimination. His organization is alerting the alcohol and drug field to court challenges that have eroded the disability status of people in recovery. He urged the alcohol and drug field and the mental health field to become involved with the legislative update of ADA.

Adjournment

The meeting adjourned at 12:30 p.m.

I hereby certify that, to the best of my knowledge, the foregoing minutes and the attachments are accurate and complete.

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Date

Daryl Kade
Executive Director, SAMHSA National Advisory Council, and Associate Administrator for Policy, Planning, and Budget, SAMHSA

Attachments:
Tab A – Roster of Members
Tab B – Attendees